



**Service for the Blind
and Physically Handicapped**
(Located at 717 W. Allegan St.)
P.O. Box 30007
Lansing, Michigan 48909

For Information

Call Toll-Free
1-800-992-9012
Lansing Area Residents
Call: 517-373-5614

CERTIFICATE OF ELIGIBILITY AND APPLICATION FOR LIBRARY SERVICES FOR INDIVIDUALS

Braille books and magazines and books and magazines recorded on cassette tape or disc are loaned to individuals who are unable to read or use normal printed materials as a result of blindness, visual disability or physical limitations.

This **CERTIFICATE OF ELIGIBILITY** must be completed and signed by a competent authority **OTHER** than the applicant's immediate family. In cases of blindness, visual disability or physical limitations, "competent authority" is defined to include doctors of medicine and osteopathy, ophthalmologists, optometrists, registered nurses, therapists, professional staffs of hospitals, institutions and public welfare agencies (e.g., social workers, case workers, counselors, home teachers and superintendents). In the absence of any of these, certification may be made by professional librarians or by any person whose competence under specific circumstances is acceptable to the Library of Michigan and the National Library Service (NLS) for the Blind and Physically Handicapped, Library of Congress, Washington, D.C. NLS administers the federal law under which the Library of Michigan Service for the Blind and Physically Handicapped and its network of subregional libraries operate.

In the case of reading disability from organic dysfunction, competent authority is defined as doctors of medicine or osteopathy **ONLY**, who may consult with colleagues in associated disciplines.

Please print or type

NAME OF APPLICANT _____

The above named individual is unable to read or use normal printed materials as a result of the following physical limitation (see page 2 for definitions):

- | | |
|--|---|
| <input type="checkbox"/> blind | <input type="checkbox"/> physical handicap |
| <input type="checkbox"/> deaf-blind | <input type="checkbox"/> reading disability |
| <input type="checkbox"/> visual handicap | |

TO BE COMPLETED BY CERTIFYING AUTHORITY

I certify that the applicant named has requested library service and is unable to read or use standard printed material for the reason indicated above. (Please print or type.)

Name _____ Date _____

Title and Occupation _____

Street Address _____ Telephone _____

City _____ State _____ ZIP _____

Signature _____

BLIND: Visual acuity of 20/200 or less in the better eye with correcting glasses or the widest diameter of visual field subtending an angular distance no greater than 20 degrees.

DEAF-BLIND: Severe auditory impairment in combination with legal blindness.

VISUAL HANDICAP: Lacks visual acuity to read standard printed materials without special aids or devices other than regular glasses.

PHYSICAL HANDICAP: Unable to read or use standard printed materials as a result of physical limitations. Examples include without arms or the use of arms; impaired or weakened muscle and nerve control; limitations resulting from strokes, cerebral palsy, multiple sclerosis, muscular dystrophy, polio, arthritis.

READING DISABILITY: Organic dysfunction of sufficient severity to prevent reading printed materials in a normal manner. **IF THIS DISABILITY IS CHECKED, A MEDICAL OR OSTEOPATHIC DOCTOR MUST SIGN.**

NOTICE: All patron records pertaining to this service will remain confidential.

Please print or type

NAME OF APPLICANT _____
First Middle Last

Street Address _____ Apt. No. _____

City _____ County _____ Zip _____

Telephone No. () _____ Date of Birth _____ Sex _____

Alternate Contact Person _____ Telephone No. () _____

BY LAW, PREFERENCE IN LENDING BOOKS AND EQUIPMENT IS GIVEN TO VETERANS.
PLEASE CHECK HERE IF YOU HAVE BEEN HONORABLY DISCHARGED FROM THE ARMED FORCES OF THE UNITED STATES. ☐

In addition to any of the conditions above, does applicant also have hearing impairment? If yes, indicate degree of hearing loss.

- ☐ **Moderate.** Some difficulty hearing and understanding speech.
- ☐ **Profound.** Cannot hear or understand speech.

LANGUAGES - check if you read English only ☐

List the language(s) in which you are fluent

MATERIALS AVAILABLE - please check materials wanted

- ☐ *Standard Cassette Book Machine and books recorded on cassette tape
- ☐ *Easy Cassette Book Machine. This machine is specially designed for individuals who are not able to operate the standard cassette book machine. It is not recommended for most users. Contact the library for more information.
- ☐ *Talking Book Machine (record player) and books recorded on disc
- ☐ Braille books
- ☐ Headphones
- ☐ DVS - Described Movies

*It is necessary to borrow a machine from the library as both discs and cassette tapes have been recorded at slower speeds not compatible with commercial record players and cassette equipment.

SPECIAL ATTACHMENTS - please check only those items needed.

- ☐ * Amplifier/headphone system - **SOLELY** for the use of severely hearing impaired.
- ☐ * Remote control unit - **SOLELY** for the use of those confined to bed or with very limited mobility.
- ☐ * Breath switch - **SOLELY** for the use of severely physically impaired.

* **NOT AVAILABLE FROM THIS LIBRARY.** These attachments are loaned from the Library of Congress. If you indicate a need for any of these attachments, appropriate application form(s) will be sent to you.

RETURN OF EQUIPMENT

Playback equipment and special attachments are supplied to eligible persons on extended loan. If this equipment is not being used in conjunction with recorded reading material provided by the Library of Congress and its cooperating libraries, it must be returned to the issuing agency.

CIRCULATION OF MATERIALS - please indicate **ONE** of the following.

- ☐ I want books mailed to me on a rotating basis, so that a book is automatically mailed to me when I return a book.
- ☐ I want ____ (number of book titles) mailed to me on a **weekly** basis.
- ☐ I want ____ (number of book titles) mailed to me on a **bi-weekly** basis.
- ☐ I want ____ (number of book titles) mailed to me on a **monthly** basis.
- ☐ Request Only.

READING INTERESTS - please check subjects wanted.

FICTION

- | | | |
|---|---|---|
| <input type="checkbox"/> Adventure (100) | <input type="checkbox"/> Horror (3214) | <input type="checkbox"/> Science Fiction (4100) |
| <input type="checkbox"/> Animal (300) | <input type="checkbox"/> Humor (2600) | <input type="checkbox"/> Sea (112) |
| <input type="checkbox"/> Best Sellers (501,502) | <input type="checkbox"/> Modern Novels (2900) | <input type="checkbox"/> Short Stories (4300) |
| <input type="checkbox"/> Classics (2810) | <input type="checkbox"/> Mysteries (3100) | <input type="checkbox"/> Sports (4600) |
| <input type="checkbox"/> Family (1400) | <input type="checkbox"/> Nature (340) | <input type="checkbox"/> Spy (114) |
| <input type="checkbox"/> Gothics (4020) | <input type="checkbox"/> Occult (3200) | <input type="checkbox"/> War (4800) |
| <input type="checkbox"/> Historical Novels (1900, 2000) | <input type="checkbox"/> Romances (4000) | <input type="checkbox"/> Westerns (4900) |

NON-FICTION

- | | | |
|--|--|---|
| <input type="checkbox"/> Adventure (100) | <input type="checkbox"/> Handicaps (1100) | <input type="checkbox"/> Poetry (3500) |
| <input type="checkbox"/> African American Interests (1310) | <input type="checkbox"/> Health (1800) | <input type="checkbox"/> Psychology (3600) |
| <input type="checkbox"/> Animal (300) | <input type="checkbox"/> History, Foreign (2100) | Religion: |
| <input type="checkbox"/> Best Sellers (503, 504) | <input type="checkbox"/> History, U.S. (2200) | <input type="checkbox"/> Catholic (3910) |
| <input type="checkbox"/> Biography (600) | <input type="checkbox"/> Humor (2600) | <input type="checkbox"/> Protestant (3912) |
| <input type="checkbox"/> Business (700) | <input type="checkbox"/> Inspirational (2700) | <input type="checkbox"/> Other |
| <input type="checkbox"/> Computers (900) | <input type="checkbox"/> Jewish Interests (1316) | <input type="checkbox"/> Science (4200) |
| <input type="checkbox"/> Cooking (1000) | <input type="checkbox"/> Music, About (3000) | <input type="checkbox"/> Sports (4600) |
| <input type="checkbox"/> Current Events (4400) | <input type="checkbox"/> Occult (3200) | <input type="checkbox"/> Travel, Foreign (4700) |
| <input type="checkbox"/> Essays (2816) | <input type="checkbox"/> Philosophy (3300) | <input type="checkbox"/> Travel, U.S. (4724) |
| | <input type="checkbox"/> Plays (3400) | <input type="checkbox"/> War (4800) |

Other: _____

CHECK PREFERRED READING LEVEL:

- ☐ K-3 ☐ 3-6 ☐ 6-9 ☐ Young Adult ☐ Adult

DO NOT SEND BOOKS WITH:

- ☐ Strong language
☐ Explicit descriptions of sex
☐ Violence

THE FOLLOWING PUBLICATIONS LIST NEW BOOKS (Please indicate the one you want by checking the desired format.)

- TALKING BOOK TOPICS** (Check ONE) in: ☐ Large Print ☐ Disc ☐ Cassette
BRaille BOOK REVIEW (Check ONE) in: ☐ Large Print ☐ Braille

MAGAZINES

Magazines in Braille and/or recorded format are available at no charge to registered patrons. **Send** list of available magazines in ☐ Print ☐ Braille